								- 1	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									A-00.47				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			26			- F		RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	385.0	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			26 m	inus 20=	· E	6		X\$ 9= CY		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		. 0			X43=		OR	X86=		
ΜI	JLTIPLE DEPE	NDENT CLAIM,P	RESENT					+145=	1	OR	+290=		
* 11	the difference	e in column 1 is	less than z	ss than zero, enter "0" in column 2				TOTAL	434	OR	TOTAL		
	CLAIMS AS AMENDED - PART II										OTHER	THAN	
	. (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL		
AMENDMENT A	5-31-65	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-]	RATE	ADDI- TIONAL FEE	
	Total	-26	Minus	-2	6	n		X\$ 9=		OR	X\$18=	·	
	Independent	- A	Minus		3	- /	I	X43=	100	OR	X86≈		
<u> </u>	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		Ī	+145=	1	OR	+290=		
							L	TOTAL			TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)						^	DUII. FEE		•	ADDII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY .	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	-		=		X\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF M	Minus	IPLE DEPENDENT CLA			Γ	X43=		OR	X86=		
		The state of the	CHIPGE DEF	LNDENT	O COLINI			+145=		OR	+290=		
·								TOTAL DOIT. FEE		OR ,	TOTAL ODIT, FEE		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		•	Γ	X\$ 9=		OR	X\$1B=		
¥.	independent	•	Minus	***		=	上	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  AD										OR L	+290= TOTAL		
	the "Highest Nur	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS	S SPACE is I	less than	1 3. enter "3 "		TOTAL OIT. FEE in the ap	propriate bo		DOIT. FEE		

Applicant: Robert L. Newell Date: 4/8/25 Serial No.: 10/691,762 Art Unit: 3751

Response to Office Action of October 19, 2004

## Request for Extension in Time to Respond

Applicant hereby requests that the period for response to the outstanding Office Action dated October 19, 2004, now set to expire on January 19, 2005, be extended by three (3) months, so as to expire on April 19, 2005.

Please charge the total amount of five-hundred-ten dollars (\$510) to my credit card, as per the Credit Card Payment form (PTO-2038) to cover the requested three-month extension in time. Applicant qualifies for small entity status.

Please charge any additional fees due you to Deposit Account No. 502221.

Respectfully submitted,

Arthur Jacob

Registration No. 19,702 Attorney for Applicant

25 East Salem Street

P.O. Box 686

Hackensack, New Jersey 07602 Telephone: (201) 488-8700 Fax: (201) 488-3884

E-mail : ideas@arthurjacob.com